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CONFIRMATION NO. 7181

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10/510,940	10/08/2004 RULE	606	3734	2776

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/13056 04/25/2003
 which claims benefit of 60/375,495 04/25/2002
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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CT	12	69	4
Verified and Acknowledged _____ Examiner's Signature _____	KATHERINE MARIE DOWE	Initials				

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Covidien
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TITLE

Surgical instruments including mems devices

FILING FEE RECEIVED 1920	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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